FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL OMB Number: 3235-0076 April 30, 2008 Expires: Estimated average burden

16.00 hours per response

FORM D

NOTICE OF SALE OF SECURITIES	1441/ 0	4 04	Si	EC USE C	NLY
PURSUANT TO REGULATION D,	MAY 2	1 2	Prefix	1 1	Serial
	TINUM	/ISO	N DA	TE RECE	IVED
UNIFORM LIMITED OFFERING EXEMP					

☐ Estimated

⋈ Actual

Name of Offering (check if this is an an	nendment and name h	nas changed, and indic	ate change.)			(g)
Advanced Equities Agami Investments I,	LLC / Offering of I	nvestor Member Inte	erests		<u> </u>	
Filing Under (Check box(es) that apply):	□ Rule 504	□ Rule 505		☐ Section 4(6)	□ ULOE	
Type of Filing: New Filing						6.1
	A, I	BASIC IDENTIFICA	TION DATA		N.AY II	<u>حر /2007</u>
1. Enter the information requested about th					<u> </u>	
Name of Issuer (☐ check if this is an	amendment and nan	ne has changed, and in	dicate change.)		Ven.	
Advanced Equities Agami Investments	I, LLC				XX 18	<u> 5 🐼</u>
Address of Executive Offices	1)	Number and Street, Cit	ty, State, Zip Code)	Telephone Number (Inc.		77
311 South Wacker Drive, Suite 1650, C	hicago, IL 60606			312-377-5300	/ *	
Address of Principal Business Operations		Number and Street, Cit	ty, State, Zip Code)	Telephone Number (Inc.	luding Area Code)	ř.
(if different from Executive Offices)	Same			Same		
Brief Description of Business						
•	•					`
Investment in securities of privately hele	d technology compa	ny.				``_
Type of Business Organization	<u>.</u>			<u> </u>		
□ corporation	☐ limited partners	hip, already formed	☑ Other (pleas)	e specify)		Ĭ.
□ business trust	☐ limited partners	hip, to be formed	Lin	nited liability company		8

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization: | 0 | 1

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Α	RA	SIC	IDENTIF	TCATION I	1ATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Managing Member
Full Name (Last name first, if	individual)			-	
Advanced Equities Agami M					
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
311 South Wacker Drive, Su	uite 1650. Chicago.	II. 60606			
Check Box(es) that Apply:	☐ Promoter		☐ Executive Officer	☐ Director	☐ Managing Member
Full Name (Last name first, if	individual)	 			
Sjodin, Gordon					<u> </u>
Business or Residence Addres	ss (Number and Stre	eet, City, State, Zip Code)			
5804 E. 104th St., Tulsa, OK	C 74137				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
RJMC, Ltd.					
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)	· — · · ·	_	
1252 N Wood Street, Apartr Check Box(es) that Apply:	ment #3, Chicago, I Promoter	L 60622 S Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Citeer Box(es) dim rippi).		ES Deficient Gwiler	- Literative Officer		Managing Partner
Full Name (Last name first, if	individual)				
Siemon, C. K.					
Siemon, C. K.					
	:s. (Number and Stre	et. City. State. Zin Code)			
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)			.,,
		eet, City, State, Zip Code)			
Business or Residence Addres		eet, City, State, Zip Code) Solution Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply:	Promoter		☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if	Promoter		☐ Executive Officer	□ Director	
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus	erry, CT 06798 Promoter individual)	☑ Beneficial Owner	☐ Executive Officer	□ Director	
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if	erry, CT 06798 Promoter individual)	☑ Beneficial Owner	☐ Executive Officer	☐ Director	
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus	Promoter individual) ss (Number and Street	☑ Beneficial Owner	☐ Executive Officer	□ Director	
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus Business or Residence Addres 930 8th Street SW, Rocheste	Promoter individual) ss (Number and Street	☑ Beneficial Owner	☐ Executive Officer	□ Director	Managing Partner ☐ General and/or
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus Business or Residence Addres	Promoter individual) ss (Number and Street, MN 55902 Promoter	Ext. City, State, Zip Code)		-	Managing Partner
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus Business or Residence Addres 930 8th Street SW, Rocheste Check Box(es) that Apply:	Promoter individual) ss (Number and Street, MN 55902 Promoter	Ext. City, State, Zip Code)		-	Managing Partner ☐ General and/or
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus Business or Residence Addres 930 8th Street SW, Rocheste Check Box(es) that Apply: Full Name (Last name first, if Hardigg, Helen J. Gst Exem	Promoter individual) ss (Number and Street, MN 55902 Promoter individual)	Exet, City, State, Zip Code) Exist Beneficial Owner Exam Hardigg		-	Managing Partner ☐ General and/or
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus Business or Residence Addres 930 8th Street SW, Rocheste Check Box(es) that Apply: Full Name (Last name first, if	Promoter individual) ss (Number and Street, MN 55902 Promoter individual)	Exet, City, State, Zip Code) Exist Beneficial Owner Exam Hardigg		-	Managing Partner ☐ General and/or
Business or Residence Addres 89 Cat Swamp Rd., Woodbe Check Box(es) that Apply: Full Name (Last name first, if Chafoulias, Gus Business or Residence Addres 930 8th Street SW, Rocheste Check Box(es) that Apply: Full Name (Last name first, if Hardigg, Helen J. Gst Exem	Promoter individual) ss (Number and Streer, MN 55902 Promoter individual) pt Trust Fbo Williams (Number and Street)	Beneficial Owner Set, City, State, Zip Code) Beneficial Owner Beneficial Owner The Harding State, Zip Code)		-	Managing Partner ☐ General and/or

SEC 1972 (6-02)

				В.	INFORMA	TION ABOU	UT OFFERI	NG				
						. 1.					Yes	No ⊠
1. Has the	e issuer sold,	or does the						=			u	凸
							ling under U				•	/ 4 \
2. What i	s the minimu	ım investme	ent that will	be accepted	from any ir	idividual?	••••••					<u>(1)</u>
2 D1	L CC:			C = =!===1=	.140						Yes ⊠	No □
	he offering p	_	_	-		21.1					ഥ	ш
or simi listed is of the l	he informati ilar remuners s an associat broker or dea th the inform	ation for sol ed person or aler. If mor	icitation of present of a left and the contraction of a left and the contraction of the c	purchasers i broker or de (5) persons t	n connectio aler register	n with sales red with the	of securitie SEC and/or	s in the offe with a state	ering. If a perior or states, li	erson to be st the name		
Full Name (Last name firs	t, if individua	ıl)						.			
Business or	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)						-	
					• ′							
	Wacker Drive sociated Broke		Chicago, IL	60606								
I MALIE OF AS	SOCIAICU DIUKI	CO DESIGN										
Advanced F	Equities, Inc.											
States in Wh	uch Person Li	sted Has Solid	cited or Intend	is to Solicit P	urchasers					•		
(Check "A	ll States" or cl	heck individu	al States)								**************	🗆 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] X	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] X	[[N]	(IA)	[KS]	[KY]	(LA)	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH] X	[MN] X [OK] X	[MS] X [OR]	(MO) [PA]
(MT) [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	[NM] [UT]	[VT]	[VA] X	[WA]	[WV]	[WI]	[WY]	[PR]
Business or	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of As	sociated Broke	er or Dealer										
States in Wh	nich Person Li	sted Has Solid	cited or Intend	ls to Solicit P	urchasers			. <u> </u>	_		_	
(Check "A	II States" or cl	heck individu	al States)	*********								🗆 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	(DE)	(DC)	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[NJ] (TX)	(NM) (UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
Full Name (Last name firs	t, if individua	al)							·	<u>-</u> .	
Business or	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)						<u>.</u>	
Name of As	sociated Broke	er or Dealer		,								
States in Wh	nich Person Li	sted Has Solie	cited or Intend	Is to Solicit P	urchasers					_		
	Il States" or cl											🗆 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(MT) [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[IXI]	[OC]	[SD]	[114]	[17]	[01]	[* 4]	(4 trl	[44.43]	ſ 1	(** *1		[)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

⁽¹⁾ The minimum capital contribution is \$101,760, although the Managing Members may accept contributions in smaller amounts in their sole discretion.

	if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ie Aggreg	ate	Amount Already
	The of County.	Offering		Sold
	Type of Security	c		¢
	Debt Equity	\$		•
		J		Ψ
	Convertible Securities (including Warrants)	\$		¢
	Partnership Interests	Ф e		•
	•	\$ 1 <u>5,900,000</u>		\$ 400,000
	Other (Specify Investor Member Interests)			
	Total	\$ <u>15,900,000</u>	<u> </u>	\$ 400,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer "none" or "zero."	re		
			Number	Aggregate Dollar Amount Of Purchases
			Investors	A 400 000
	Accredited Investors			\$ 400,000
	Non-accredited Investors		-0-	\$
	Total (for filings under Rule 504 only)	***************************************	_N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in the offering. Classify securities by type listed in Part C - Question 1.			
	onening. Committy securities by type intentity a Question 1.	7	ype of	Dollar Amount
	Type of offering	S	есиліту	Sold
	Rule 505		N/A	\$ N/A
	Regulation A		N/A	S N/A
	Rule 504		N/A	S N/A
	Total		N/A	S N/A
				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in the offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given a subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the botto the left of the estimate.	ıs		
	Transfer Agent's Fees		[s
	Printing and Engraving Costs		<u>1</u> 2	·
	Legal Fees		_	§ \$ <u>15,000</u>
	Accounting Fees			_ :
	Engineering Fees		_	
	Sales Commissions (specify finders' fees separately)		№	-
	Other Expenses (identify) Finder's Rees		1	7 \$ 19 nnn

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$<u>64,000</u>

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above. (2)	\$ <u>15,836,000</u>
Paymen Office Director Affilia	ers, rs &
Salaries and Fees	□ \$
Purchase of real estate	
Purchase, rental or leasing and installation of machinery and equipment	🗅 \$
Construction or lease of plant buildings and facilities	D \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	П. с
Repayment of indebtedness	
Working capital	∑ \$ <u>400,000</u>
	□ s
Column Totals	<u>⊠ \$ 400,000</u>
	S \$ 400,000
D. FEDERAL SIGNATURE	
the issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 5 indertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information investor pursuant to paragraph (b)(2) of Rule 502.	505, the following signature constitutes an mation furnished by the issuer to any non-
Issuer (Print or Type) Signature	Date
Advanced Equities Agami Investments I, LLC	April 26, 2007
Name of Signer (Print or Type) Title of Signer (Print or Type)	· ·· • ·
Jeffrey S. Hood Associate Secretary of the Managing Member	

(2) Calculated based on the maximum aggregate offering amount.

ATTENTION___

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	E,	STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to of such rule?	• • •	Yes	No ⊠ (2)
	See Appendi	x, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any sta 239.500) at such times as required by state law.	ate administrator of any state in which	this notice is filed, a notice on For	m D (17 CFR
3.	The undersigned issuer hereby undertakes to furnish to the stat	te administrators, upon written request	, information furnished by the issue	er to offerees.
4.	The undersigned issuer represents that the issuer is familiar wi Exemption (ULOE) of the state in which this notice is filed and of establishing that these conditions have been satisfied.			
	e issuer has ready this notification and knows the contents to be norized person.	true and has duly caused this notice to	be signed on its behalf by the und	ersigned duly
	THE FOREGOING UNDERTAKINGS AND REPRESENTAT LY TO THE EXTENT THAT SUCH UNDERTAKINGS AND RE FIONAL SECURITIES MARKETS IMPROVEMENT ACT OF 19	PRESENTATIONS ARE REQUIRED		
Is	suer (Print or Type)	Signature //	Date	<u>.</u>
A	dvanced Equities Agami Investments I, LLC	Chappy > Ho	April	26, 2007
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)		

Associate Secretary of the Managing Member

(2) Not applicable for Rule 506 offerings.

Jeffrey S. Hood

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		3			4	<u> </u>		5
:	to non-a	d to sell ccredited s in State -Item 1)	Type of security and aggregate () offering price Type of investor and e e offered in state (Part C-Item 1) (Part C-Item 2) und (Part C-Item 2)		Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes explan waiver	lification ate ULOE , attach ation of granted) tem 1) (3)
State	Yes	No	LLC Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL					***				
AK									
AZ			J					_	
AR									
CA									
со									
СТ		х	\$15,900,000	1	\$50,000	0	0		х
DE									
DC								.	
FL									
GA									
HI									
ID						<u> </u>			
1L		Х	\$15,900,000	1	\$100,000	0	0	<u>_</u>	X
ĺΝ					-				<u> </u>
IA								<u> </u>	_
KS		<u> </u>			<u></u>	L		<u> </u>	
KY									
LA								 	
ME MD						<u> </u>			
MA							<u> </u>		-
MI						· <u>·</u>			
MN		x	\$15,900,000	1	\$50,000	0	0		x
MS		X	\$15,900,000	1	\$25,000	0	0		х
мо					<u> </u>				

1		2	3			4			5
	Intende to non-a investor	ed to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	d aggregate (if yes, at ering price Type of investor and explanation explanation amount purchased in State waiver grants		Type of investor and amount purchased in State			ate ULOE , attach ation of granted)
			LLC Membership	Number of Accredited		Number of Non-Accredited			
State	Yes	No	Interests	Investors	Amount	Investors	Amount	Yes	No
MT									
NE							<u>.</u>	_	
NV									
NH									
NJ									
NM					<u>.</u>				
NY									
NC									
ND									
ОН		X	\$15,900,000	1	\$25,000	0	0	_	x
ОК		Х	\$15,900,000	1	\$100,000	0	0		х
OR									
PA									
RI									
SC								• •	
SD									
TN	·								
TX									
UT		-							
VT									
VA		Х	\$15,900,000	1	\$50,000	0	0		х
WA									
wv									
WI									
WY									
PR									
Foreign									
Investors									

